

Welcome to applicationforpayment.com

Please enter your user name and password below

USER NAME	<input data-bbox="962 802 1297 887" type="text"/>	10
PASSWORD	<input data-bbox="962 897 1297 982" type="text"/>	~12
ENTER		

Enter for a new user name and password

Fig. 1

You have requested a new user name and password.

PLEASE ENTER THE STATE

  14

PLEASE ENTER THE LENDER

  16

ENTER

FIG. 2

Welcome to XYZ Bank

To receive a username and a password to enter our system you must first apply for credit approval by entering the information listed below.

Credit info

ENTER

You will be notified within 48hours by e-mail that your credit has been approved and you will receive your password and user name in the mail.

FIG. 3

XYZ Bank

Please select from the following

- Project Setup
- Owner Setup
- Trade/Supplier Setup
- Work Item Setup
- Application For Payment
- Print

Fig. 4

Welcome to XYZ Bank

Application For Payment System

Please choose one of the following

SELECT A PROJECT



ENTER A NEW PROJECT

FIG. 5

XYZ Bank

Application For Payment

January 1, 2001	Application # 2
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Project Info	Owner Info
XXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXX

TRADE /SUPPLIER BALANCE	% COMP	CONTRACT	PREVIOUS	THIS PAYMENT	PAYMENT	BALANCE
General Requirements						
See Summary \$2,400	60%	\$6,000	\$2,000	\$1,600		
Concrete						
ABC Concrete	69%	\$12,956	\$4,500	\$4,500	\$3,956	
Plumbing						
Neilon Plumbing \$8,000	20%	\$10,000	\$0	\$2,000		
Electrical						
ESVI Electric \$8,000	0%	\$8,000	\$0	\$0		
<hr/>						
Total	39%	\$36,956	\$6,500	\$8,100	\$21,956	

Press enter when the data is correct. Once enter is selected changes cannot be made to this application #2

ENTER

FIG. 6

DB1-General Contractor (account # and password)

NAME
Address
Address
City
State
Zip Code
Telephone
Fax
E-Mail
Contractor license #
State
Expiration Date
General Liability Insurance Company
Policy #
Expiration Date
Workman's Compensation Insurance Company
Policy #
Expiration Date
Automobile Insurance Company
Policy #
Expiration Date
Bank Name
Bank Account #
Checking #

FIG. 7

DB2-Subcontractor/Supplier

Name
Address
Address
City
State
Zip Code
Telephone
Fax
E-Mail

FIG. 8

DB3-Owner

Name
Address
Address
City
State
Zip Code
Telephone
Fax
E-Mail

FIG. 9

DB4-Project

Address
City
State
Subdivision
Lot #
Assessors Parcel #
Sales Tax Rate
Course of Construction Insurance Company
Policy #
Expiration Date

FIG. 10

DB5-Payment Instructions

Wire Transfer (Yes or No)
Hold Check for Pickup (Yes or No)
Mail Check (Yes or No)

Bank Name
Address
Address
City
State
Telephone
Fax
ABA #
Account #
Account Name

FIG. 11

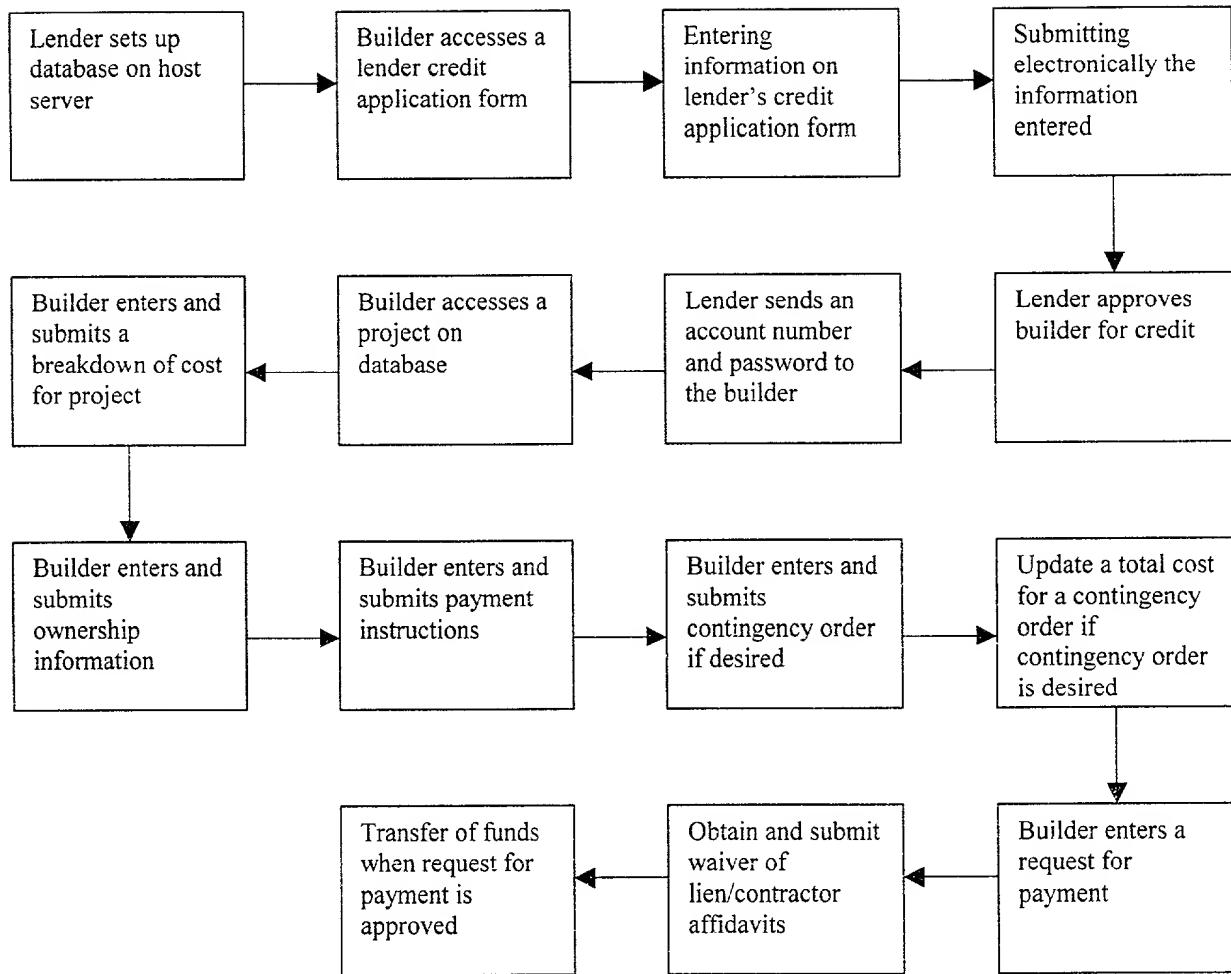


Fig. 12